TRAVEL EXPENSE CLAIM

See Instructions and *Privacy Statement on separate docushare document

CLAIMANT'S NAME								SSAN OR EMPLOYEE NUMBER* DEPARTMENT							
Paul Feist							DIVISION OR BUREAU				LWDA				
POSITION BARGAINING UNIT							DIVISION OR BUREAU EMPLOYEE MIC or						C or 4-DIGIT MAII	SERVICES CODE	
Undersecretary, Green Jobs EXE							E-25								
RESIDENCE ADDRESS*							HEADQUARTERS ADDRESS						TELEPHONE NUMBER		
XXXXX							801 K Street, Suite 2101						916-327-9064		
CITY STATE ZIP CODE							CITY STATE						ZIP CODE		
XX	XXX		CA		XXXXX	Sacra	amento			CA		No. 1.711 or Jones - 340 y 77 THAT WAS A	95814		
(1) MON	XXXX ITH/YEAR	(3)	(4)	(5)	MEALS			(7)		TRAN	ISPORTATION		(8)	(9)	
April	2010	LOCATION						(A)	(B)	(C)		(D)			
(2) Date	Time	WHERE EXPENSES WERE INCURRED	LODGING	BREAKFAST	LUNCH	O.T.,UT, RELO. or DINNER	INCIDEN- TALS	COST OF TRANS	TYPE USED	CARFARE, TOLLS, PARKING	PRIVA Miles	TE CAR USE Amount	BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY	
	0800	Stockton - San							РС	13.00	171	\$85.250		98.250	
14	1830	Francisco							10	13.00	171	Ψ00.200		90.230	
					85										
		•													
														24 JA	
(10)	SUBT	OTALS								13.00	171	\$85.250		\$98.25	
COLUN		DE (ACCTG: USE ONLY)										400:200		ψ00.20	
	CLAIM	I TOTAL												\$98.25	
(11) PURPOSE OF TRIP: (11A) Summ							nary				(12) NORMAL WORK HOURS				
REMARKS	S AND DE	TAILS (Attach receipts/vouchers whe	Description/ Cost Center	Exp. Code	Debit Amount	Project Code	Activity Code	For Use	Fiscal		0800-1700				
										(13) PRIVATE VEHICLE LICENSE					
14th: N	/leeting	w/DIR on IBIG.	70000			000	100					XXX			
			70000			000	100			(14) MIL	EAGE RATE (CLAIMED			
			70000			000	100				AGENCY ACCOUNTING OFFICE USE ONLY				
	-		70000			Document Reference Prepared By		PAID BY REVOLVING FUND CHECK NUMBER							
Ca gre	lifornia. If a ater than t	ERTIFY That the above is a true state a privately owned vehicle was used, a the rate claimed, and that I have met to at belt usage.	and if mileage ra	ates exceed th	e minimum ra	ite, I certify that	the cost of	operating the vehi	icle was	equal to or				No the	
CLAIM	/ /	1/1/6/2		DATE	1		(16) SIGNATI DE DEABEIDED ADBONNIN TOAVEL AN				ND PAYMENT DATE				
(17) 5104	X X	ND TITLE OF AUTHORITY FOR SPE	7/7	3/20/2012 XXXXX								5-24-10			
> SIGN	IN UNE A	NO THEE OF AUTHORITY FOR SPE	CIAL EXPENS	ra (aee item ;	i i Uii reverse	:)			1					DATE	
											25 - 10-05 - 11-05	ATTEMPT OF THE PARTY.		Control of the second s	

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